

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <i>Adams</i>	Election Date: <i>11/4/2025</i>	Date Incident Identified:
Person Completing Report	Name & Title <i>Angela N. Crouse, Director</i>	
Voting System Name: <i>Election Systems + Software</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<i>Adams</i>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Angela Crouse*Signature of Chief Clerk
or Authorized Representative*Angela N. Crouse*Name of Chief Clerk
or Authorized Representative*11/17/2025*

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Allegheny	Election Date: 11/4/25	Date Incident Identified:
Person Completing Report	Name & Title David Voye	

Voting System Name:
Election Systems and Software

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

Voting System Component(s) and Model(s) affected:

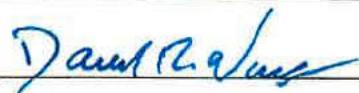
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Allegheny] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

David R. Voye

Name of Chief Clerk
or Authorized Representative



11/8/25

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Armstrong	Election Date: 11-4-25	Date Incident Identified:
Person Completing Report	Name & Title James Webb - Election Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting / Liberty votes		
Equipment Malfunction Description (summarize and describe the nature of the incident here): There were no known malfunctions		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	

Impact of the malfunction (check and provide numbers for all that apply):	
<input type="checkbox"/>	Prevented the casting of ballots by <u>0</u> voters
<input type="checkbox"/>	Delayed the casting of ballots by <u>0</u> voters
<input type="checkbox"/>	Prevented the tabulation of <u>0</u> ballots
<input type="checkbox"/>	Delayed the tabulation of <u>0</u> ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): N/A

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)
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<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Armstrong] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.
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Karen M. Notts

Signature of Chief Clerk
or Authorized Representative

Karen M. Notts

Name of Chief Clerk
or Authorized Representative

12-17-2025

Date

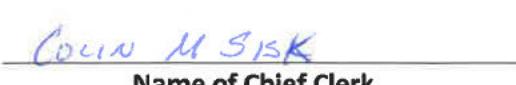
Voting System Malfunction Report

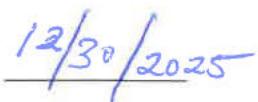
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Beaver	Election Date: November 4, 2025	Date Incident Identified:
Person Completing Report	<u>Name & Title</u> Colin Sisk, Director of Elections	<u>Phone/Email</u> <div style="background-color: black; height: 20px; width: 100%;"></div>
Voting System Name: ES&S EVS 6.0.1.0 – DS200 Precinct Scanners, Expressvote BMD, DS450 Central Tabulators		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <div style="height: 60px; border: 1px solid black; margin-top: 10px;"></div>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots 		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Beaver] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
or Authorized Representative


 Name of Chief Clerk
or Authorized Representative


 12/30/2025
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Bedford	Election Date: 11.4.2025	Date Incident Identified:
Person Completing Report	Name & Title Julie Egolf Admin Asst.	Phone/Email [REDACTED]
Voting System Name:	Liberty Vote	
Equipment Malfunction Description (summarize and describe the nature of the incident here): Scanner on ICP was not accepting ballots, Scanner replaced. While waiting for tech voters used emergency bin on ICP		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Woodbury Borough	Voting System Component(s) and Model(s) affected: ICP Scanner Image Cast Precinct	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 5 voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Scanner was replaced on site, All scanners are tested during L+A including back ups		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bedford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Julie Egolf

Name of Chief Clerk
or Authorized Representative

12-12-25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Berks	11/4/25	11/4/25
Person Completing Report	Name & Title Jeffrey Reichart Operations/Systems Manager	Phone/Email [REDACTED]

Voting System Name:
ES&S 6.3.0.0

Equipment Malfunction Description (summarize and describe the nature of the incident here):

1. DS200 scanner failure. 2. ExpressVote repeated error messages/alerts. 3. ExpressVote repeated and frequent error messages/alerts/not accepting ballots. 4. DS850s and DS450s continuously jammed while scanning the two-page ballot with deep folds.

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
several minutes for each incident	Poll workers, Elections Staff
Location (note all affected precincts): <small>1. L. Alsace 1,2, Reading(4-1,12-3,16-5,18-3), Albany, L. Alsace 2, Amity 6, Bethel, Birdsboro 1, Boyertown 2, Brecknock 1, Caernarvon 2, Centre 1, Celebriodale 1, Cumru 1, Earl 1, Exeter(14-8), Fleetwood 2, Greenwich 2, L. Heidelberg 1, S. Heidelberg 1, Hersford 1, Maidancreek 1, Marion, Mohr, Muhlenberg 7&10, Oley 1&2, Robeson 1&4, Spring(3,5,6,13), Toplton, W. Reading 1, Wyomissing 2,3, Reading(14-1,14-6,15-1), Exeter 5, N. Heidelberg, Longswamp 2, Muhlenberg 1, Robesonia, Wemersville 4, Central Scan</small>	Voting System Component(s) and Model(s) affected: ExpressVote machines, DS200, DS450s, and DS850s

Impact of the malfunction (check and provide numbers for all that apply):			
<input type="checkbox"/>	Prevented the casting of ballots by _____ voters	<input type="checkbox"/>	1. No impact: bypass bin was used.
<input type="checkbox"/>	Delayed the casting of ballots by _____ voters	<input type="checkbox"/>	2&3. No Impact: other ballot marking devices were available for voters to use.
<input type="checkbox"/>	Prevented the tabulation of _____ ballots	<input type="checkbox"/>	4. Scanning at Central Scan was significantly delayed throughout the day.
<input checked="" type="checkbox"/>	Delayed the tabulation of MI/AB ballots		

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

1. Technician replaced the machine which corrected the problem. 2. Technicians cleaned these machines. Voters were able to resume using the machines. 3. Technicians replaced these machines and voting on these machines resumed. 4. Workers performed additional ballot prep and ballots were processed in smaller batches. This cut down on the jams but slowed down all the scanning.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



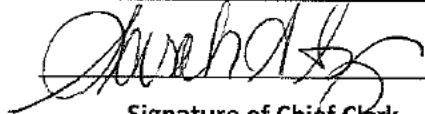
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Blair	Election Date: 11-4-25	Date Incident Identified: 11-4-25
Person Completing Report	Name & Title: Sarah Seymour Director of Election	Phone/Email: [REDACTED]
Voting System Name: ES+S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Judge called in the DS200 scanner would only accept the ballot in half way and then return ballot to voter		
Time span of the malfunction: 25 min	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Frankstown 5 Eesey Firehall	Voting System Component(s) and Model(s) affected: DS200 Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 10 voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Immediately dispatched voter with new machine to troubleshoot or snap out machine. Voter using aux bin to store ballots until scanner working. - Voter found part of ballot paper lodged on roller. Once stub paper was removed - scanner worked.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

 SARAH A. SEYMOUR
 Name of Chief Clerk
or Authorized Representative

11-4-25

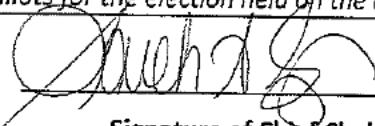
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Blair	Election Date: 11-4-25	Date Incident Identified: 11-4-25
Person Completing Report	Name & Title: Sarah Seymour Director of Election	Phone/Email: [REDACTED]
Voting System Name: ES+S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS450 - power surge that shut machine down after 2 batches of ballots ran through		
Time span of the malfunction: DS450 - down all day	Source(s) who reported the malfunction to the county: County Scanner	
Location (note all affected precincts): Central Count - Election Office	Voting System Component(s) and Model(s) affected: ES+S DS450 High Speed Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): County switched to our back up DS450 high speed scanner - had ES+S field rep look @ DS450 - power surge that blew out one board in machine.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023): <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

11-4-25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: BRADFORD	Election Date: NOVEMBER 04, 2025	Date Incident Identified: [REDACTED]
Person Completing Report	Name & Title Renee Smithkors - Director	Phone/Email [REDACTED]

Voting System Name:
UNISYN OPEN ELECT 2.2

Equipment Malfunction Description (summarize and describe the nature of the incident here):
[REDACTED]

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

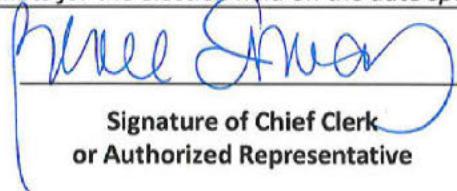
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[REDACTED]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of BRADFORD has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Renee Smithkors

Name of Chief Clerk
or Authorized Representative

11/26/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Bucks	Election Date: November 4, 2025	Date Incident Identified: November 12, 2025
Person Completing Report	Name & Title Tyler B. Burns, Esq., Director - Board of Elections/Voter Registration	Phone/Email [REDACTED]

Voting System Name:
ClearBallot ClearVote 2.3

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Two ClearCast machines, one in Northampton 6 and one in Northampton 17, generated identical, duplicate "box id" numbers when the election was loaded on each machine. This did not impact voting on election day, precinct-level tabulation, or election officials' ability to complete end-of-night duties. However, it delayed the central reporting of results from the machine in Northampton 17 as the ClearCount central tabulation system's security measures prevent the same box id from being merged into the system more than once.

Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: Director
Location (note all affected precincts): Northampton 17	Voting System Component(s) and Model(s) affected: ClearCast Precinct Scanner

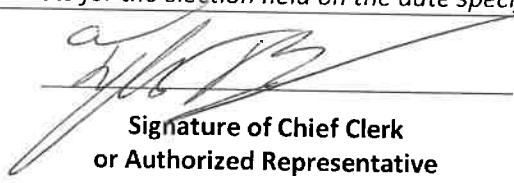
Impact of the malfunction (check and provide numbers for all that apply):	
<input type="checkbox"/>	Delayed the central reporting of 206 ballots.
<input type="checkbox"/>	Prevented the casting of ballots by _____ voters
<input type="checkbox"/>	Delayed the casting of ballots by _____ voters
<input type="checkbox"/>	Prevented the tabulation of _____ ballots
<input type="checkbox"/>	Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Once the duplicate box ids were identified, the election day ballots from the ClearCast machine in Northampton 17 were centrally scanned and checked against records from the precinct. Central scanning resolved the delayed reporting of results for this machine successfully.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Tyler Burns
Name of Chief Clerk
or Authorized Representative

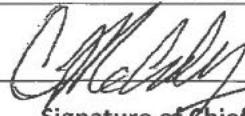
12/9/25
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: BUTLER	Election Date: November 4, 2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Chantell McCurdy-Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Poll workers were attempting to cast their own ballots and the scanner would not accept the ballots. No voters were present as the precinct has less than 50 voters. The scanner was replaced before any voters were affected. Vendor recalibrated the scanner and it is testing fine.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of BUTLER [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
or Authorized Representative

Chantell McCurdy

Name of Chief Clerk
or Authorized Representative

12/31/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Cambria	Election Date: 11/4/25	Date Incident Identified: NG Incident
Person Completing Report	Name & Title Nicole M. Burkhardt Director of Election	Phone/Email

Voting System Name:

ES&S DS450, DS200, Express Vote

Equipment Malfunction Description (summarize and describe the nature of the incident here):

None

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
None	None
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:
None	None

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Cambria has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Signature of Chief Clerk
or Authorized RepresentativeName of Chief Clerk
or Authorized Representative

12/16/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: CAMERON	Election Date: 11/4/2025	Date Incident Identified: NA
Person Completing Report	Name & Title ANNETTE CAMPBELL ELECTION DIRECTOR	Phone/Email [REDACTED]

Voting System Name: Election Systems Software - DS200 Tabulator

Equipment Malfunction Description (summarize and describe the nature of the incident here):

NA

Time span of the malfunction:	NA	Source(s) who reported the malfunction to the county:
		NA
Location (note all affected precincts):	NA	Voting System Component(s) and Model(s) affected:
		NA

Impact of the malfunction (check and provide numbers for all that apply): NA

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

NA

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [CAMERON] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Annette Campbell

Signature of Chief Clerk
or Authorized Representative

ANNETTE CAMPBELL

Name of Chief Clerk
or Authorized Representative

11/04/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Carbon	Election Date: 11-4-25	Date Incident Identified: [REDACTED]
Person Completing Report	Name & Title: Jennifer Ketchledge	Phone/Email: [REDACTED]

Voting System Name: Dominion Voting System | Liberty Vote

Equipment Malfunction Description (summarize and describe the nature of the incident here):

n/a

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
n/a	n/a
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:
n/a	n/a

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [CARBON] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Signature of Chief Clerk
or Authorized RepresentativeName of Chief Clerk
or Authorized Representative

12/22/2025

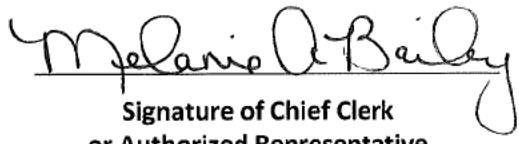
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Centre	Election Date: November 4, 2025	Date Incident Identified:
Person Completing Report	Name & Title Melanie A Bailey	Phone/Email [REDACTED]
Voting System Name: ES & S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply):		
<ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots 		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Centre] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
or Authorized Representative

Melanie A. Bailey

Name of Chief Clerk
or Authorized Representative

12/04/2025

Date

Voting System Malfunction Report*Reported Pursuant to Directive 2 of 2023**Note, if you require additional space for any field, please attach a separate document to this Report*

County: Chester	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title <i>Karen Barsoum, Director</i>	Phone/Email [REDACTED]

Voting System Name:

Election Systems & Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):

DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced

Time span of the malfunction: 1 hour 51 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct
Location (note all affected precincts): 462 Phoenixville N - 2	Voting System Component(s) and Model(s) affected: DS200

Impact of the malfunction (check and provide numbers for all that apply):

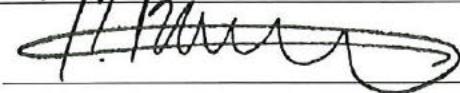
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

12/18/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Chester	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title <i>Karen Barsoum, Director</i>	Phone/Email [REDACTED]

Voting System Name:

Election Systems & Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Voter inserted ballot stub with ballot card into the Express Vote ballot marking device.

Time span of the malfunction: 45 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct
Location (note all affected precincts) 681 East Vincent 2	Voting System Component(s) and Model(s) affected: Express Vote

Impact of the malfunction (check and provide numbers for all that apply):

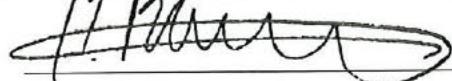
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Due to nature of the issue with Express Vote, machine was replaced.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

12/18/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Chester	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title <i>Karen Barsoum, Director</i>	Phone/Email: [REDACTED]

Voting System Name:

Election Systems & Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):

DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced

Time span of the malfunction: 1 Hour 10 Minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct
Location (note all affected precincts): 515 East Pikeland 1	Voting System Component(s) and Model(s) affected: DS200

Impact of the malfunction (check and provide numbers for all that apply):

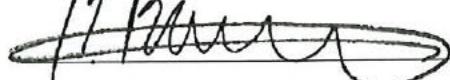
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 1 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced. One ballot that was placed in the emergency slot could not be tabulated at polling place and needed to be duplicated.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

12/18/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Chester	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title <i>Karen Barsoum, Director</i>	Phone/Email [REDACTED]

Voting System Name:

Election Systems & Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Express Vote experienced a ballot card jam

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
1 hour 34 mins	Poll Worker of the precinct
Location (note all affected precincts)	Voting System Component(s) and Model(s) affected:
356 East Marlborough South	Express Vote

Impact of the malfunction (check and provide numbers for all that apply):

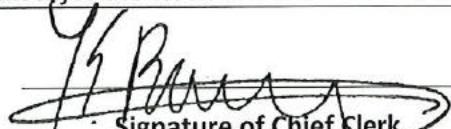
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Express Vote was replaced.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

12/18/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Chester	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title <i>Karen Barsoum, Director</i>	Phone/Email [REDACTED]

Voting System Name:

Election Systems & Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):

DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced

Time span of the malfunction: 34 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct
Location (note all affected precincts): 015 Birmingham	Voting System Component(s) and Model(s) affected: DS200

Impact of the malfunction (check and provide numbers for all that apply):

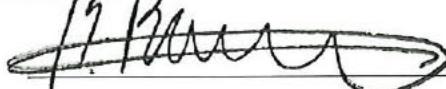
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

12/18/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Clarion	Election Date: 11/4/2025	Date Incident Identified: [REDACTED]
Person Completing Report	Name & Title Rileigh Hiney - Deputy Director	Phone/Email [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description (summarize and describe the nature of the incident here): [REDACTED]		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): [REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Clarion] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Rileigh HineySignature of Chief Clerk
or Authorized Representative**Rileigh Hiney**Name of Chief Clerk
or Authorized Representative**11/20/2025**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report.

County: <u>CLEARFIELD</u>		
Person Completing Report	Election Date: <u>Brian Norwood</u> <u>DIRECTOR OF ELECTIONS</u>	
Voting System Name:	<u>ES&S</u>	
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>CLEARFIELD</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk
or Authorized Representative

**Name of Chief Clerk
or Authorized Representative**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

Signature of Chief Clerk
or Authorized Representative

**Name of Chief Clerk
or Authorized Representative**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Columbia	Election Date: Nov 4 2025	Date Incident Identified: Jammed Adjudicator
Person Completing Report	Name & Title: Matthew Repasky Elections	Phone/Email: [REDACTED]
Voting System Name: Unisyn Voting Solutions.		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Ballot Jam		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: About 20-30 min Judge of Elections	
Location (note all affected precincts): Madison Twp	Voting System Component(s) and Model(s) affected: Open Elect Optical - OVD	

Impact of the malfunction (check and provide numbers for all that apply):

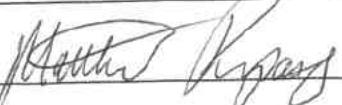
- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of 17 ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Tech was sent to get bits out. Voter ballot spoiled. New ballot created. Ballots placed in the auxiliary bin until jam fixed

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Matthew Repasky
Name of Chief Clerk
or Authorized Representative

11-5-25
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Crawford	Election Date: Nov. 4, 2025	Date Incident Identified: NA
Person Completing Report	Name & Title Matthew Digiocomo, Voting System Specialist	Phone/Email

Voting System Name: Dominion Democracy Suite

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

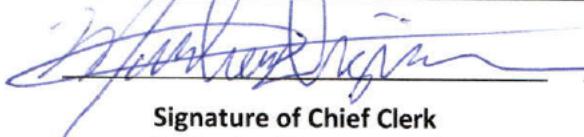
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Crawford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Matthew Digiocomo

Name of Chief Clerk
or Authorized Representative

Nov. 21, 2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report.

County: Cumberland	Election Date: 11/4/25	Date Incident Identified:
Person Completing Report	Name & Title Bethany Salzarulo, Director	Phone/Email [REDACTED]
Voting System Name:	ExpressVote XL	
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Cumberland has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Bethany S. He
Signature of Chair of Club

**Signature of Chief Clerk
or Authorized Representative**

Bethany Salzaruld

**Name of Chief Clerk
or Authorized Representative**

12/15/25

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Dauphin	Election Date: 11/4/25	Date Incident Identified:
Person Completing Report	Name & Title Christopher T Spackman, Director	Phone/Email [REDACTED]

Voting System Name:

ClearBallot 2.0

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Dauphin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Signature of Chief Clerk
or Authorized RepresentativeName of Chief Clerk
or Authorized Representative

12/30/25

Date

Voting System Malfunction Report*Reported Pursuant to Directive 2 of 2023**Note, if you require additional space for any field, please attach a separate document to this Report*

County: Delaware	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title: James P. Allen, Election Director, Delaware County PA	Phone/Email: [REDACTED]

Voting System Name: Hart Verity 2.7

Equipment Malfunction Description (summarize and describe the nature of the incident here): Replaced three scanners, one each in Bethel 2, Ridley Twp 9-2 and Upper Darby 7-6, and Touch Writer (BMD) in Chester City 5-2.

Time span of the malfunction: Approx. 30 minutes	Source(s) who reported the malfunction to the county: Poll workers and rovers
Location (note all affected precincts): See Equipment Malfunction Description above.	Voting System Component(s) and Model(s) affected:

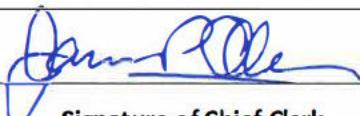
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by unknown number of voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Emergency/auxiliary ballot boxes are in every polling place so that voting can continue uninterrupted. However, it is not known whether any voters waited until equipment was replaced before casting their ballots.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)



Signature of Chief Clerk
or Authorized Representative

James P. Allen

Name of Chief Clerk
or Authorized Representative

1-2-2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: November 4, 2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Kimberly S. Frey, Director of Election/Voter Registration	Phone/Email [REDACTED]

Voting System Name:
ES&S Express Vote Tabulators and DS 200

Equipment Malfunction Description (*summarize and describe the nature of the incident here*):

Processing board in ES&S Express Vote Tabulator malfunctioned in precinct on Election Day.

Time span of the malfunction:	Source(s) who reported the malfunction to the county: County Election Day Rover and Judge of Election
Stopped working at 3:00 PM to 8:00 PM	
Location (<i>note all affected precincts</i>): St. Marys 8th Precinct 1002 Earth Rd., St. Marys, PA 15857	Voting System Component(s) and Model(s) affected: ES&S Express Vote Tabulator - 1 Machine was effected. version 1.0.6.0

Impact of the malfunction (*check and provide numbers for all that apply*):

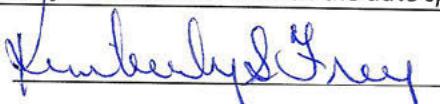
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 0 ballots

Action taken to resolve the malfunction/ensure continued voting (*this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts*):

The precinct had three other ES&S Express Vote Tabulator for use in the precinct. Voting was not delayed and voters were not prevented from voting. The votes that were accumulated on the machine were retrieved from the machines USB drive that the Poll Workers brought to the Elections Office.

Declaration of no reportable malfunction (*only complete if you have nothing to report under Directive 2 of 2023*)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Elk] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey, Director of Election/Voter Reg.

Name of Chief Clerk
or Authorized Representative

11/19/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title Tonia Fernandez	Phone/Email

Voting System Name:

LIBERTY VOTE

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

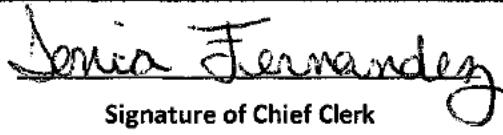
Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):**Declaration of no reportable malfunction** (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of ERIE has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

TONIA FERNANDEZ

Name of Chief Clerk
or Authorized Representative

12/30/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: FAYETTE	Election Date: November 4, 2025	Date Incident Identified: No incident per Directive
Person Completing Report	Name & Title Marybeth Kuznik, Director of Elections	Phone/Email [REDACTED]

Voting System Name:
Dominion 5.5A

Equipment Malfunction Description (summarize and describe the nature of the incident here):

NONE -- Two precincts reported alleged "malfunctions" but neither one fit the definition of a malfunction in the PA Dept. of State Directive on Uniform Reporting of Voting System Malfunctions. One was a brief paper jam (2 minutes) and one was user error caused by incorrect activation code being entered on the scanner.

Time span of the malfunction: n/a	Source(s) who reported the malfunction to the county: James Dunn, Judge of Election, Georges 3 and Anita Huey, Judge of Election, Brownsville 3
Location (note all affected precincts): Georges 3 and Brownsville 3	Voting System Component(s) and Model(s) affected: scanner

Impact of the malfunction (check and provide numbers for all that apply): **NONE**

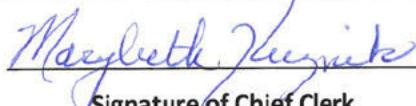
- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

County Election Bureau re-advised Brownsville 3 of the correct activation code.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [FAYETTE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Marybeth Kuznik

Name of Chief Clerk
or Authorized Representative

12-31-2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Forest	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title Jean Ann Hitchcock/ Director	Phone/Email [REDACTED]

Voting System Name: Election Systems & Software

Equipment Malfunction Description (summarize and describe the nature of the incident here):

No Malfunctions

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

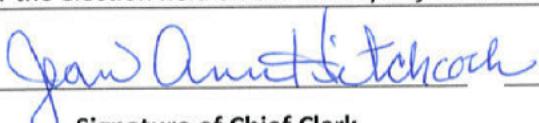
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Forest] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Franklin	Election Date: November 4, 2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Susan Christophel, Deputy Chief Clerk/Election Director	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here): The screen of Washington 1's DS200 went black. Ballots were placed in the emergency bin until the ES&S representative determined it was a loose power cable in back of the machine.		
Time span of the malfunction: 8:05 am to 8:45 am	Source(s) who reported the malfunction to the county: Mary Brennan, Judge of Election	
Location (note all affected precincts): Washington 1	Voting System Component(s) and Model(s) affected: ES&S DS 200	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 30 voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
ES&S representative was sent to determine cause of malfunction. Voters were instructed to place their voted ballots into the emergency bin of the DS200. The problem was a loose power cable. The ballots were removed from the emergency bin and run through the DS200.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Franklin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Carrie E. Gray

Signature of Chief Clerk
or Authorized Representative

Carrie E. Gray

Name of Chief Clerk
or Authorized Representative

11/20/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: FULTON	Election Date: November 4, 2025	Date Incident Identified:
Person Completing Report	Name & Title LINDA A DOYLE ELECTIONS DIRECTOR	Phone/Email [REDACTED]

Voting System Name:
HART

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

Voting System Component(s) and Model(s) affected:

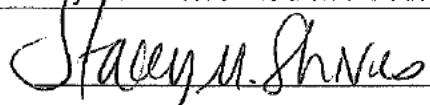
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

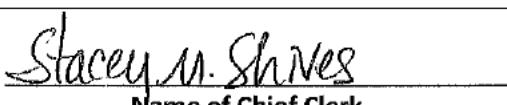
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of FULTON [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



Date
10/30/25

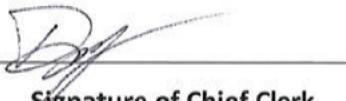
Voting System Malfunction Report

TLP: AMBER (When completed)

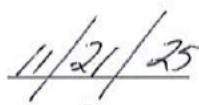
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Greene	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title <i>Douglas Murray I.T. Director</i>	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<ul style="list-style-type: none"><input type="checkbox"/> Prevented the casting of ballots by _____ voters<input type="checkbox"/> Delayed the casting of ballots by _____ voters<input type="checkbox"/> Prevented the tabulation of _____ ballots<input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Greene] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative


Name of Chief Clerk
or Authorized Representative


11/21/25
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Huntingdon	Election Date: 11/4/23	Date Incident Identified: N/A
Person Completing Report Miranda Tress	Name & Title Ass. Elections Coordinator	Phone/Email [REDACTED]
Voting System Name: N/A		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NO Malfunctions		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	

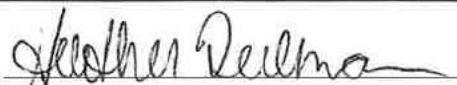
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[REDACTED]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Huntingdon has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Indiana	Election Date: 11/04/2025	Date Incident Identified: 12/01/2025
Person Completing Report	Name & Title Robin Maryai, Chief Clerk	Phone/Email [REDACTED]

Voting System Name:
ES&S DS200

Equipment Malfunction Description (summarize and describe the nature of the incident here):
When the voters were putting their ballots in the DS200 the warning sign unreadable marks came up.

Time span of the malfunction: 9:00 to 10:30 a.m.	Source(s) who reported the malfunction to the county: Judge of Election for Conemaugh #3 Carol Elwood
Location (note all affected precincts): Conemaugh #3	Voting System Component(s) and Model(s) affected: ES&S DS200

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by 15 voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

The machine was quickly replaced and the voters were able to put their ballots in the DS200 with success through the end of the day.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Indiana has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Robin Maryai

Name of Chief Clerk
or Authorized Representative

12/01/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Jefferson	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title Angela Burridge, Voter Registrar	Phone/Email [REDACTED]
Voting System Name:	Liberty Vote (Dominion)	
Equipment Malfunction Description (summarize and describe the nature of the incident here): none		
Time span of the malfunction: n/a	Source(s) who reported the malfunction to the county: n/a	
Location (note all affected precincts): n/a	Voting System Component(s) and Model(s) affected: n/a	

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
n/a

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of **Jefferson** has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Angela BurridgeSignature of Chief Clerk
or Authorized Representative**Angela Burridge**Name of Chief Clerk
or Authorized Representative**12/11/25**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Juniata	Election Date: November 4, 2025	Date Incident Identified: []
Person Completing Report	Name & Title Eva M. Weyrich Election Director	Phone/Email [REDACTED]
Voting System Name: DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <ul style="list-style-type: none"><input type="checkbox"/> Prevented the casting of ballots by _____ voters<input type="checkbox"/> Delayed the casting of ballots by _____ voters<input type="checkbox"/> Prevented the tabulation of _____ ballots<input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Juniata] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Eva M. Weyrich

Name of Chief Clerk
or Authorized Representative

11/10/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Lackawanna	11-4-2025	
Name & Title		Phone/Email
Elizabeth Hopkins, Director		
Voting System Name:	ES&S	

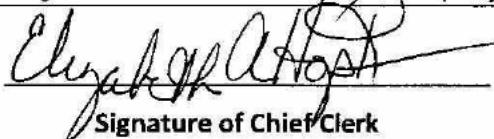
Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of ~~Lackawanna~~ has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Elizabeth A. Hopkins
Name of Chief Clerk
or Authorized Representative

12-30-25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lancaster	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title Christa Miller, Chief Clerk	Phone/Email [REDACTED]
<p>Voting System Name: Hart Verity</p> <p>Equipment Malfunction Description (summarize and describe the nature of the incident here):</p>		
<p>Time span of the malfunction:</p>		<p>Source(s) who reported the malfunction to the county:</p>
<p>Location (note all affected precincts):</p>		<p>Voting System Component(s) and Model(s) affected:</p>
<p>Impact of the malfunction (check and provide numbers for all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots 		
<p>Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</p>		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p>		
<p><input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lancaster] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		

Miller, Christa

Digitally signed by Miller, Christa
Date: 2025.11.12 14:41:27-05'00'

Christa Miller

11/12/2025

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, If you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Lawrence	11/4/25	
Person Completing Report	Name & Title: TIM GERMANI DIRECTOR OF ELECTIONS	Phone/Email: [REDACTED]

Voting System Name:

ES&S ELECTIONWARE

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LAWRENCE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

TIM GERMANI
Name of Chief Clerk
or Authorized Representative

12/18/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lebanon	Election Date: 11/4/25	Date Incident Identified: 11/4/25
Person Completing Report	Name & Title: Sean Drasher	Phone/Email: [REDACTED]
Voting System Name: ESS		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
Time span of the malfunction: NA	Source(s) who reported the malfunction to the county: ROGERS / Poll workers	
Location (note all affected precincts): NA	Voting System Component(s) and Model(s) affected: NA	

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the *malfunction* and/or *ensure* continued voting; describe the level of success *achieved* with any of these *attempts*):

Smooth election with only isolated paper jams

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lebanon] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

12/31/25

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: LEMM	Election Date: 04NN25	Date Incident Identified: NA
Person Completing Report	Name & Title: TIM BENYD CHIEF CLERK	Phone/Email: [REDACTED]
Voting System Name:	ECS ELECTIONWARE	
Equipment Malfunction Description (summarize and describe the nature of the incident here): NA		
Time span of the malfunction:	VA	Source(s) who reported the malfunction to the county: NA
Location (note all affected precincts): NA	Voting System Component(s) and Model(s) affected: NA	

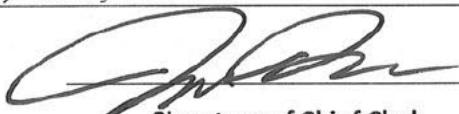
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
NA

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LEMM] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative


Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: LUZERNE	Election Date: 11/4/2025	Date Incident Identified: [REDACTED]
Person Completing Report	Name & Title EMILY COOK	Phone/Email [REDACTED]
<p>Voting System Name: DOMINION VOTING SYSTEM</p> <p>Equipment Malfunction Description (summarize and describe the nature of the incident here): [REDACTED]</p>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: [REDACTED]	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected: [REDACTED]	
<p>Impact of the malfunction (check and provide numbers for all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
<p>Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): [REDACTED]</p>		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p>		
<p><input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LUZERNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LUZERNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk

EMILY COOK

**Name of Chief Clerk
or Authorized Representative**

01/02/2026

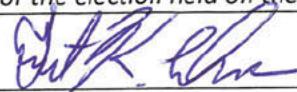
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lycoming	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ClearCast scanner not accepting ballots		
Time span of the malfunction: 0700-0805	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Franklin Township	Voting System Component(s) and Model(s) affected: ClearCast ballot scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>9</u> voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>9</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Ballot scanner was set to the incorrect precinct. County rover set the scanner to the correct precinct, and regular voting resumed.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Forrest K. Lehman

11/4/2025

Name of Chief Clerk
or Authorized Representative

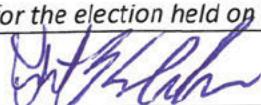
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lycoming	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ClearCast scanner stuck on "ballot processing" screen and "no boot device found" screen.		
Time span of the malfunction: 1605-1655	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Porter Township	Voting System Component(s) and Model(s) affected: ClearCast ballot scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>32</u> voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>32</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Ballot scanner was stuck on the "ballot processing" screen. County rover rebooted the scanner and the scanner stuck on "no boot device found" screen. County rover set up a spare scanner. Results and reports were retrieved from both scanners after the close of polls.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Forrest K. Lehman

11/4/2025

Name of Chief Clerk
or Authorized Representative

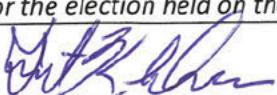
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lycoming	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ClearCast scanner stuck on "ballot processing" screen.		
Time span of the malfunction: 1540-1630	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Shrewsbury Township	Voting System Component(s) and Model(s) affected: ClearCast ballot scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>5</u> voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>5</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Ballot scanner was stuck on the "ballot processing" screen. County rover rebooted the scanner.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Forrest K. Lehman

11/4/2025

Name of Chief Clerk
or Authorized Representative

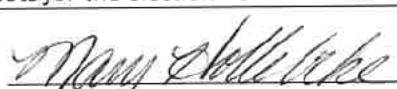
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: McKean	Election Date: 11/4/2525	Date Incident Identified: N/A
Person Completing Report	Name & Title Mary Hollebeke, Director of ELECTIONS	Phone/Email [REDACTED]
Voting System Name: ES&S ExpressVote Tabulators and		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [McKean] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized RepresentativeMary Hollebeke
Director of ELECTIONSName of Chief Clerk
or Authorized Representative

12/11/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: MERCER	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title THAD HALL, DIRECTOR	Phone/Email [REDACTED]
<p>Voting System Name: ES&S 6.0.1.0</p> <p>Equipment Malfunction Description (summarize and describe the nature of the incident here): Not applicable</p>		
<p>Time span of the malfunction: Not applicable</p>		<p>Source(s) who reported the malfunction to the county: Not applicable</p>
<p>Location (note all affected precincts): Not applicable</p>		<p>Voting System Component(s) and Model(s) affected: Not applicable</p>
<p>Impact of the malfunction (check and provide numbers for all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots 		
<p>Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</p> <p>Not applicable</p>		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p> <p><input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [MERCER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		

Thad Hall

Digitally signed by Thad Hall
Date: 2025.12.18 13:58:25 -05'00'

THAD HALL

12/18/2025

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Mifflin	Election Date: November 4, 2025	Date Incident Identified: N/A
[REDACTED]	Name & Title: Paula Hoffman Election Director	Phone/Email: [REDACTED]

Voting System Name: ES+S - DS200+DS450

Equipment Malfunction Description (summarize and describe the nature of the incident here): NONE	
--	--

Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county:
--	---

Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected:
--	---

Impact of the malfunction (check and provide numbers for all that apply):	
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots	

Actions taken to resolve the malfunction/ensure continued voting (This section must describe all actions taken by the county to resolve the malfunction and/or ensure continued voting; describe the level of success obtained with any of these actions): N/A	
--	--

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023):	
---	--

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of **[Mifflin]** has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Paula Hoffman

Signature of Chief Clerk
or Authorized Representative

Paula Hoffman

Name of Chief Clerk
or Authorized Representative

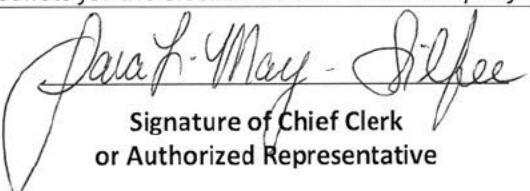
1-2-2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date: <u>11-4-2025</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Director Sarah L. May - Silfee</u>	Phone/Email [REDACTED]
Voting System Name: <u>Clear Ballot</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u>Monroe</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		
 Signature of Chief Clerk or Authorized Representative	<u>Sarah L. May - Silfee</u> Name of Chief Clerk or Authorized Representative	<u>12-11-2025</u> Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Montgomery	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Kelly Gale, Deputy Director of Elections	Phone/Email 

Voting System Name: **Liberty Vote**

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Reoccurring paper Jams

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Approximately 53 minutes	Poll Workers
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:
Montgomery 7, Upper Moreland 2-2	Precinct Scanner

Impact of the malfunction (check and provide numbers for all that apply):

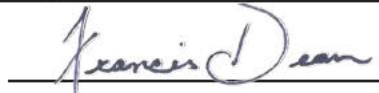
- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by 76 voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Scanners were cleaned by roving technicians. One precinct used the auxiliary bin while the scanner was being cleaned. Ballots scanned without issue. Second precinct's scanner was replaced. All scanners and rollers will be cleaned and/or replaced in between elections.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Francis Dean

Name of Chief Clerk
or Authorized Representative

12/31/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

Signature of Chief Clerk
or Authorized Representative

RYAN M CRAIG

12-18-2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Northampton	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title Christopher M. Commini, Registrar	Phone/Email [REDACTED]
<p>Voting System Name: ES&S ExpressVote XL</p> <p>Equipment Malfunction Description (summarize and describe the nature of the incident here):</p>		
<p>Time span of the malfunction:</p>		<p>Source(s) who reported the malfunction to the county:</p>
<p>Location (note all affected precincts):</p>		<p>Voting System Component(s) and Model(s) affected:</p>
<p>Impact of the malfunction (check and provide numbers for all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots 		
<p>Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</p>		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p>		
<p><input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Northampton] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		

Christopher M. Commini Digitally signed by Christopher M. Commini
Date: 2023.11.04 10:26:10 -04'00'

Signature of Chief Clerk
or Authorized Representative

Christopher M. Commini

Name of Chief Clerk
or Authorized Representative

11/20/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <i>Northumberland</i>	Election Date: <i>11/4/2025</i>	Date Incident Identified:
Person Completing Report	Name & Title <i>Lindsay Phillips, Chief Registrar</i>	Phone/Email [REDACTED]

Voting System Name:

EFS Express Vote Tabulator

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of *Northumberland* has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

*Lindsay Phillips*Signature of Chief Clerk
or Authorized Representative*Lindsay Phillips*Name of Chief Clerk
or Authorized Representative*11/14/25*

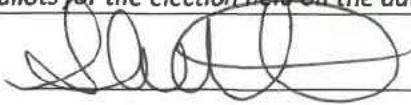
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Perry	Election Date: 11-4-2025	Date Incident Identified: 11-4-2025
Person Completing Report	Name & Title: Director Sarah Geesaman	Phone/Email: [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Small round battery Went bad in machine		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: Judge of Election in Saville Twp	
Location (note all affected precincts): Saville Twp - Fire House 10350 Raccoon Valley Rd. Ickesburg	Voting System Component(s) and Model(s) affected: Clear Cast 2.3	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>10</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Clear Cast machine battery - Blew when plugging to set up the election equipment. We sent a CB rover + a new ClearCast machine to site - They had it up and running @ 7:10am voters in		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Shannon Hines

Name of Chief Clerk
or Authorized Representative

11/25/2025

Date

Stayed, waited for cast machine to cast their ballots.
Everyone was aware of the issue.

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Philadelphia	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title: Joseph Lynch, Director of Operations	Phone/Email: [REDACTED]
Voting System Name: Election Systems & Software (E.S.S.)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): See Attached		
Time span of the malfunction: See Attached	Source(s) who reported the malfunction to the county: See Attached	
Location (note all affected precincts): See Attached	Voting System Component(s) and Model(s) affected: See Attached	

Impact of the malfunction (check and provide numbers for all that apply):	
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots	
See Attached	

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

See Attached

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Joseph Lynch
Signature of Chief Clerk
or Authorized Representative

Joseph Lynch
Name of Chief Clerk
or Authorized Representative

12-29-25
Date

Voting System Malfunction Report: Exhibit A
Philadelphia County

On November 4, 2025, Philadelphia County successfully conducted an election employing 3,512 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 382,626 votes were received by all voting system components. At one division, 59-02, Paper Path Module (PPM) issues were present on both BMDs at the same time, though a technician was dispatched and resolved the issue on both machines within one hour. For the entirety of election day in all other divisions, at least one BMD was fully operable, and no voter was prevented from casting a ballot due to a voting system malfunction. Furthermore, no voting system malfunctions caused the tabulation of ballots to be prevented.

Listed below are any voting system malfunctions that may have caused a delay for voters or tabulation of ballots. In all instances except 59-02, voting by BMD was able to continue at the division and therefore the exact impact in terms of number of voters delayed cannot be determined; approximate impact has been estimated and provided. The Philadelphia County Board of Elections has nonetheless reported these instances here in accordance with the Department of State's Directive 2 of 2023.

Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) affected	Approximated Impact of Malfunction	Action Taken
Paper Path Module (PPM) Issue	6 hours	Election Board Worker	05-31	PPM	Delayed the casting of ballots by appr. 25-33 voters	BMD replaced
Paper Path Module (PPM) Issue	8.5 hours	Election Board Worker	06-06	PPM	Delayed the casting of ballots by 23 voters	BMD replaced
Paper Path Module (PPM) Issue	1.5 hours	Election Board Worker	14-01	PPM	Delayed the casting of ballots by 31 voters	BMD replaced
Paper Path Module (PPM) Issue	9 hours	Election Board Worker	30-03	PPM	Delayed the casting of ballots by 85 voters	BMD replaced
Paper Path Module (PPM) Issue	7 hours	Election Board Worker	34-34	PPM	Delayed the casting of ballots by 45 voters	BMD replaced
Paper Path Module (PPM) Issue	1 hour	Election Board Worker	59-02	PPM	Delayed the casting of ballots by 80 voters	Technician resolved issue

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

Signature of Chief Clerk
or Authorized Representative

**Name of Chief Clerk
or Authorized Representative**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: POTTER	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title Charlie F. Brown, Director	Phone/Email [REDACTED]

Voting System Name: ES&S- DS200 and Tabulator

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [POTTER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Charlie F. Brown

12/31/2025

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: SCHUYLKILL	Election Date: 11/04/2025	Date Incident Identified: November 4, 2025
Person Completing Report	Name & Title ALBERT L. GRICOSKI, DIRECTOR	Phone/Email [REDACTED]

Voting System Name:
Election Systems and Software (ES&S)

Equipment Malfunction Description (summarize and describe the nature of the incident here):
Precinct Scanner DS200 would not accept ballot(s)

Time span of the malfunction: approx. 30 minutes	Source(s) who reported the malfunction to the county: Pollworker reported to Rover who Reported to County
Location (note all affected precincts): Precinct 015 Cass Township - North	Voting System Component(s) and Model(s) affected: DS200 Scanner

Impact of the malfunction (check and provide numbers for all that apply):

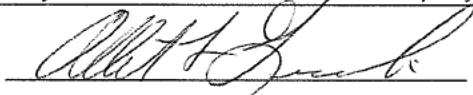
- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by 2 _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

The Rover successfully exchanged DS200 scanner with replacement DS200 scanner and ballots were being accepted. No further issues.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [SCHUYLKILL] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

ALBERT L. GRICOSKI, DIRECTOR

Name of Chief Clerk
or Authorized Representative

12/11/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <i>Snyder</i>	Election Date: <i>11/4/2025</i>	Date Incident Identified: <i>N/A</i>
Person Completing Report	Name & Title <i>Devin L. Rhoads Election Director</i>	Phone/Email <i>[REDACTED]</i>
Voting System Name: <i>ES + S</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>N/A</i>		
Time span of the malfunction: <i>N/A</i>	Source(s) who reported the malfunction to the county: <i>N/A</i>	
Location (note all affected precincts): <i>N/A</i>	Voting System Component(s) and Model(s) affected: <i>N/A</i>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <i>Snyder County did not have any voting system malfunctions, hence the N/A for all of the fields.</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <i>Snyder</i> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Devin L. Rhoads
Signature of Chief Clerk
or Authorized Representative

Devin L. Rhoads
Name of Chief Clerk
or Authorized Representative

12/2/2025
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: SOMERSET	Election Date: NOVEMBER 4, 2025	Date Incident Identified: [Redacted]
Person Completing Report	Name & Title Tina Pitts, Election Director	Phone/Email [Redacted]

Voting System Name:
ES&S

Equipment Malfunction Description (summarize and describe the nature of the incident here):
[Redacted]

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[Redacted]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [SOMERSET] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Tina Pitts

Signature of Chief Clerk
or Authorized Representative

Tina Pitts

Name of Chief Clerk
or Authorized Representative

12/10/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <i>Sullivan</i>	Election Date: <i>11/4/25</i>	Date Incident Identified:
Person Completing Report	Name & Title: <i>Nicole Lutz Director of Elections</i>	Phone/Email: <i>[REDACTED]</i>
Voting System Name: <i>Clear Ballot</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <i>Sullivan</i> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*MOLB*Signature of Chief Clerk
or Authorized Representative*Nicole Lutz*Name of Chief Clerk
or Authorized Representative*12/12/25*

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Susquehanna	Election Date: Nov 4th, 2025	Date Incident Identified: N/A
Person Completing Report	Name & Title LeighAnna Overfield, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Unisyn		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): [REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Susquehanna] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Rebekah Hubbard

Name of Chief Clerk
or Authorized Representative

12/3/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

Gracie Chambers

**Signature of Chief Clerk
or Authorized Representative**

Janice Chambers
Name of Chief Clerk

**Name of Chief Clerk
or Authorized Representative**

W. 8625

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: UNION	Election Date: November 4, 2025	Date Incident Identified:
Person Completing Report	Name & Title Laura Seward, Elections Director	Phone/Email [REDACTED]

Voting System Name:
Unisyn Open Elect

Equipment Malfunction Description (summarize and describe the nature of the incident here):
[REDACTED]

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
-------------------------------	---

Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:
---	---

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[REDACTED]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [UNION] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Laura Seward

Signature of Chief Clerk
or Authorized Representative

Laura Seward

Name of Chief Clerk
or Authorized Representative

11/18/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Venango	Election Date: 11/4/2025	Date Incident Identified: 11/4/2025
Person Completing Report	Name & Title Laura Anna, Director of Election	Phone/ Email [REDACTED]
Voting System Name: ESS DS 200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): At the end of the evening at President Twp they tried to close the polls, the machine said it couldn't connect to the memory stick. We had the JOE and Minority Inspector to bring the scanner unit and the stick. We plugged the stick into a back up machine and the results printed with no issue.		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
10 minutes	Eva Palmer (JOE for President)	
Location (note all affected precincts): President TWP	Voting System Component(s) and Model(s) affected: DS200 Scanner	

Impact of the malfunction (check and provide numbers for all that apply):

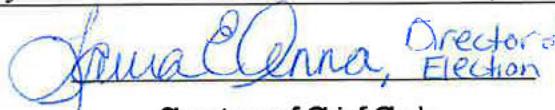
- Prevented the casting of ballots by 0 voters
- Delayed the casting of ballots by 0 voters
- Prevented the tabulation of 0 ballots
- Delayed the tabulation of 234 ballots

Action taken to resolve the malfunction/ ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

We had the JOE and Minority bring the scanner unit and memory stick to election central. We plugged the stick into a back up machine. The results printed out. The only delay was that they had to drive the 35 minutes from the polling location to the central count location for the results tapes to print. We worked with the vendor to identify the issue. The vendor indicated it was an error, they suggested out of an abundance of caution we replace the stick for that precinct with a new one.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

Margit Hansen

Signature of Chief Clerk
or Authorized Representative

MARTHA HANSEN
Name of Chief Clerk

Name of Chief Clerk
or Authorized Representative

11/17/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Washington	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title Melanie Ostrander, Director	Phone/Email [REDACTED]

Voting System Name:
ES&S EVS 6110, ExpressVote BMD for all and DS200 precinct scanners

Equipment Malfunction Description (summarize and describe the nature of the incident here):

No Malfunctions

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Washington has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Melanie Ostrander

Name of Chief Clerk
or Authorized Representative

01/05/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: WAYNE	Election Date: 11/04/2025	Date Incident Identified:
Person Completing Report	Name & Title Amy CHRISTOPHER, DIRECTOR	Phone/Email [REDACTED]

Voting System Name:
CLEAR BALLOT, CLEAR COUNT 2.3.1

Equipment Malfunction Description (summarize and describe the nature of the incident here):

N/A NO INCIDENTS TO REPORT

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:

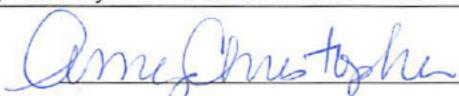
Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[REDACTED]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [WAYNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

11/18/2025

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Westmoreland	Election Date: November 4, 2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Scott Ross - Director Elections & Technology	Phone/Email [REDACTED]

Voting System Name:
Election Systems & Software

Equipment Malfunction Description (summarize and describe the nature of the incident here):

System error/Ballot jam with Scanner.

Time span of the malfunction: 45 minutes	Source(s) who reported the malfunction to the county: Judge of Election
Location (note all affected precincts): Arnold 2-3	Voting System Component(s) and Model(s) affected: DS200 Scanner

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by 7 _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

The Tech removed the jam and then ran the ballots that were being held in the emergency slot through the scanner. They then noticed that the scanner number didn't match the number of voters from the number list of voter book. The Tech then reset the scanner to have zero votes and the Judge of Election and the Tech reran all the ballots through the scanner and the number of ballots scanned and the number of voters matched. All was then good.

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Westmoreland] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative

Scott Ross

Name of Chief Clerk
or Authorized Representative

01/02/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Wyoming	Election Date: 11-4-2025	Date Incident Identified:
Person Completing Report	Name & Title FLORENCE KELLETT	Phone/Email [REDACTED]

Voting System Name:

Clear Ballot

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:

Source(s) who reported the malfunction to the county:

Location (note all affected precincts):

Voting System Component(s) and Model(s) affected:

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Wyoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Florence Kellett

Signature of Chief Clerk
or Authorized Representative

Florence Kellett

Name of Chief Clerk
or Authorized Representative

11/20/25

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: York	Election Date: 11/04/2025	Date Incident Identified: 11/04/2025
Person Completing Report	Name & Title Wyatt Yoxheimer, Election Technology Specialist	Phone/Email [REDACTED]

Voting System Name:
Dominion Voting Systems

Equipment Malfunction Description (summarize and describe the nature of the incident here):
[Large empty box for notes]

Time span of the malfunction: [Large empty box for notes]

Source(s) who reported the malfunction to the county: [Large empty box for notes]

Location (note all affected precincts): [Large empty box for notes]

Voting System Component(s) and Model(s) affected: [Large empty box for notes]

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by _____ voters
- Delayed the casting of ballots by _____ voters
- Prevented the tabulation of _____ ballots
- Delayed the tabulation of _____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):
[Large empty box for notes]

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of York [Signature] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.


Signature of Chief Clerk
or Authorized Representative


Name of Chief Clerk
or Authorized Representative

12/23/2025
Date